

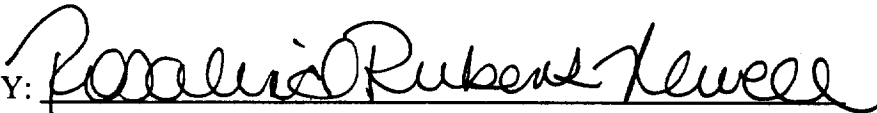
Entered - 09/04/01 - sb  
CL0L0532 - DIANNE C. MITCHELL

CLAIM OF: **ANDREW P. JACOBS**  
**1728 N. Rock Springs Road, NE**  
**Atlanta, Georgia 30324**

**01- R -1622**

For damages alleged to have been sustained as a result of property damage due to a fallen tree on July 25, 2001 at 1728 N. Rock Springs Road, NE.

THIS ADVERSED REPORT IS APPROVED

BY:   
**ROSALIND RUBENS NEWELL**  
**DEPUTY CITY ATTORNEY**

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0532

Date: September 20, 2001

Claimant /Victim ANDREW P. JACOBS

BY: (Atty)(Ins. Co.) \_\_\_\_\_

Address: 1728 N. Rock Springs Road, NE, Atlanta, Georgia 30324

Subrogation: \_\_\_\_\_ Claim for Property damage \$ 4,309.00 Bodily Injury \$ \_\_\_\_\_

Date of Notice: 08/21/01 Method: Written, proper X Improper \_\_\_\_\_

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) \_\_\_\_\_

Date of Occurrence 07/25/01 Place: 1728 N. Rock Springs Road, NE

Department PRCA Division: Parks

Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: The claimant alleges that he sustained damage to his home when a tree located in the City's right-of-way fell. The investigation determined that the City had no knowledge of any problem with the tree prior to the date of this incident. The City is immune from liability as set forth in O.C.G.A. §36-33-1.

INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_

Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report X Other \_\_\_\_\_

Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial \_\_\_\_\_


Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other x Damages reasonable \_\_\_\_\_

City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_

Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_

Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_

Claims Manager:  Concur/date 09-20-01

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RECEIVED

AUG 21 2001

MUNICIPAL CLERK

RE: CLAIM FOR DAMAGES

Today's Date: July 31, 2001

Dear Municipal Clerk:

ENTERED - 9-4-01 - SB  
0110532 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 4,309.00 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: JULY 25 2001 2. Time of Incident: 08:30 3. Police called: YES  
(month/day/year) Yes No
4. Location of incident (including street address): 1728 N. ROCK SPRINGS RD NE, ATLANTA, 30324
5. Name of your insurance company: TRAVELERS Policy No. \_\_\_\_\_
6. State what and how incident occurred: TREE LOCATED ON CITY PROPERTY BETWEEN SIDEWALK AND ROAD AT ABOVE ADDRESS FELL ONTO CLAIMANTS PROPERTY. SIDEWALK BROKEN, MAIL BOX UPROOTED, SPRINKLER SYSTEM TORN-UP & PUNCTURED, FOUR TREES DESTROYED, TURF HEAVILY DAMAGED. FALLEN TREE WAS OTHERWISE HEALTHY
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).  
Your vehicle: NO VEHICLES DAMAGED.  
(Make) (Year) (Tag Number) (Driver's Name)  
City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: NONE  
(Name) (Address) (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Andrew P. Jacobs  
Signature of Claimant

ANDREW P. JACOBS

(Print Claimant's Name)

1728 N. ROCK SPRINGS RD. NE  
(Address)

ATLANTA GA 30324  
(City, State and Zip Code)

770 931 0038  
(Work Number)

404 372 9388  
(Home Number)

01-P-1622